

# Index of Claims



Application No.

09/932,605

Examiner

Jyoti Nagpaul

Applicant(s)

ALAM, AFTAB

Art Unit

1743

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| - | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date |  |  |  |
|-------|----------|------|--|--|--|
| Final | Original |      |  |  |  |
| 1     | 2        |      |  |  |  |
| 2     | 3        |      |  |  |  |
| 3     | 4        |      |  |  |  |
| 4     | 5        |      |  |  |  |
| 5     | 6        |      |  |  |  |
| 6     | 7        |      |  |  |  |
| 7     | 8        |      |  |  |  |
| 8     | 9        |      |  |  |  |
| 9     | 10       |      |  |  |  |
| 10    | 11       |      |  |  |  |
| 11    | 12       |      |  |  |  |
| 12    | 13       |      |  |  |  |
| 13    | 14       |      |  |  |  |
| 14    | 15       |      |  |  |  |
| 15    | 16       |      |  |  |  |
| 16    | 17       |      |  |  |  |
| 17    | 18       |      |  |  |  |
| 18    | 19       |      |  |  |  |
| 19    | 20       |      |  |  |  |
| 20    | 21       |      |  |  |  |
| 21    | 22       |      |  |  |  |
| 22    | 23       |      |  |  |  |
| 23    | 24       |      |  |  |  |
| 24    | 25       |      |  |  |  |
| 25    | 26       |      |  |  |  |
| 26    | 27       |      |  |  |  |
| 27    | 28       |      |  |  |  |
| 28    | 29       |      |  |  |  |
| 29    | 30       |      |  |  |  |
| 30    | 31       |      |  |  |  |
| 31    | 32       |      |  |  |  |
| 32    | 33       |      |  |  |  |
| 33    | 34       |      |  |  |  |
| 34    | 35       |      |  |  |  |
| 35    | 36       |      |  |  |  |
| 36    | 37       |      |  |  |  |
| 37    | 38       |      |  |  |  |
| 38    | 39       |      |  |  |  |
| 39    | 40       |      |  |  |  |
| 40    | 41       |      |  |  |  |
| 41    | 42       |      |  |  |  |
| 42    | 43       |      |  |  |  |
| 43    | 44       |      |  |  |  |
| 44    | 45       |      |  |  |  |
| 45    | 46       |      |  |  |  |
| 46    | 47       |      |  |  |  |
| 47    | 48       |      |  |  |  |
| 48    | 49       |      |  |  |  |
| 49    | 50       |      |  |  |  |

| Claim |          | Date |  |  |  |
|-------|----------|------|--|--|--|
| Final | Original |      |  |  |  |
| 51    | 52       |      |  |  |  |
| 52    | 53       |      |  |  |  |
| 53    | 54       |      |  |  |  |
| 54    | 55       |      |  |  |  |
| 55    | 56       |      |  |  |  |
| 56    | 57       |      |  |  |  |
| 57    | 58       |      |  |  |  |
| 58    | 59       |      |  |  |  |
| 59    | 60       |      |  |  |  |
| 60    | 61       |      |  |  |  |
| 61    | 62       |      |  |  |  |
| 62    | 63       |      |  |  |  |
| 63    | 64       |      |  |  |  |
| 64    | 65       |      |  |  |  |
| 65    | 66       |      |  |  |  |
| 66    | 67       |      |  |  |  |
| 67    | 68       |      |  |  |  |
| 68    | 69       |      |  |  |  |
| 69    | 70       |      |  |  |  |
| 70    | 71       |      |  |  |  |
| 71    | 72       |      |  |  |  |
| 72    | 73       |      |  |  |  |
| 73    | 74       |      |  |  |  |
| 74    | 75       |      |  |  |  |
| 75    | 76       |      |  |  |  |
| 76    | 77       |      |  |  |  |
| 77    | 78       |      |  |  |  |
| 78    | 79       |      |  |  |  |
| 79    | 80       |      |  |  |  |
| 80    | 81       |      |  |  |  |
| 81    | 82       |      |  |  |  |
| 82    | 83       |      |  |  |  |
| 83    | 84       |      |  |  |  |
| 84    | 85       |      |  |  |  |
| 85    | 86       |      |  |  |  |
| 86    | 87       |      |  |  |  |
| 87    | 88       |      |  |  |  |
| 88    | 89       |      |  |  |  |
| 89    | 90       |      |  |  |  |
| 90    | 91       |      |  |  |  |
| 91    | 92       |      |  |  |  |
| 92    | 93       |      |  |  |  |
| 93    | 94       |      |  |  |  |
| 94    | 95       |      |  |  |  |
| 95    | 96       |      |  |  |  |
| 96    | 97       |      |  |  |  |
| 97    | 98       |      |  |  |  |
| 98    | 99       |      |  |  |  |
| 99    | 100      |      |  |  |  |

| Claim |          | Date |  |  |  |
|-------|----------|------|--|--|--|
| Final | Original |      |  |  |  |
| 101   | 102      |      |  |  |  |
| 102   | 103      |      |  |  |  |
| 103   | 104      |      |  |  |  |
| 104   | 105      |      |  |  |  |
| 105   | 106      |      |  |  |  |
| 106   | 107      |      |  |  |  |
| 107   | 108      |      |  |  |  |
| 108   | 109      |      |  |  |  |
| 109   | 110      |      |  |  |  |
| 110   | 111      |      |  |  |  |
| 111   | 112      |      |  |  |  |
| 112   | 113      |      |  |  |  |
| 113   | 114      |      |  |  |  |
| 114   | 115      |      |  |  |  |
| 115   | 116      |      |  |  |  |
| 116   | 117      |      |  |  |  |
| 117   | 118      |      |  |  |  |
| 118   | 119      |      |  |  |  |
| 119   | 120      |      |  |  |  |
| 120   | 121      |      |  |  |  |
| 121   | 122      |      |  |  |  |
| 122   | 123      |      |  |  |  |
| 123   | 124      |      |  |  |  |
| 124   | 125      |      |  |  |  |
| 125   | 126      |      |  |  |  |
| 126   | 127      |      |  |  |  |
| 127   | 128      |      |  |  |  |
| 128   | 129      |      |  |  |  |
| 129   | 130      |      |  |  |  |
| 130   | 131      |      |  |  |  |
| 131   | 132      |      |  |  |  |
| 132   | 133      |      |  |  |  |
| 133   | 134      |      |  |  |  |
| 134   | 135      |      |  |  |  |
| 135   | 136      |      |  |  |  |
| 136   | 137      |      |  |  |  |
| 137   | 138      |      |  |  |  |
| 138   | 139      |      |  |  |  |
| 139   | 140      |      |  |  |  |
| 140   | 141      |      |  |  |  |
| 141   | 142      |      |  |  |  |
| 142   | 143      |      |  |  |  |
| 143   | 144      |      |  |  |  |
| 144   | 145      |      |  |  |  |
| 145   | 146      |      |  |  |  |
| 146   | 147      |      |  |  |  |
| 147   | 148      |      |  |  |  |
| 148   | 149      |      |  |  |  |
| 149   | 150      |      |  |  |  |